



**CHILD CARE AND DEVELOPMENT FUND PLAN  
FOR INDIANA  
FFY 2004-2005**

This Plan describes the CCDF program to be conducted by the State for the period 10/1/03 – 9/30/05. As provided for in the applicable statutes and regulations, the Lead Agency has the flexibility to modify this program at any time, including changing the options selected or described herein.

The official text of the applicable laws and regulations govern, and the Lead Agency acknowledges its responsibility to adhere to them regardless of the fact that, for purposes of simplicity and clarity, the specific provisions printed herein are sometimes paraphrases of, or excerpts and incomplete quotations from, the full text.

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Public reporting burden for this collection of information is estimated to average 162.57 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

(Form ACF 118 Approved OMB Number: 0970-0114 expires 05-31-2006)

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**AMENDMENTS LOG**

Child Care and Development Services Plan for  
For the period: 10/1/03 -- 9/30/05

SECTION AMENDED	EFFECTIVE/ PROPOSED EFFECTIVE DATE	DATE SUBMITTED TO ACF	DATE APPROVED BY ACF

**Instructions:**

- 1) Lead Agency completes the first 3 columns and sends a photocopy of this Log (showing the latest amendment sent to ACF) and the amended section(s) to the ACF Regional contact. A copy of the Log, showing the latest amendment pending in ACF, is retained in the Lead Agency's Plan.
- 2) ACF completes column 4 and returns a photocopy of the Log to the grantee.
- 3) The Lead Agency replaces this page in the Plan with the copy of the Log received from ACF showing the approval date.

Note: This process depends on repeated subsequent use of the same Log page over the life of the Plan. At any time the Log should reflect all amendments, both approved and pending in ACF. The Lead Agency is advised to retain those "old" plan pages that are superseded by amendments in a separate appendix to its Plan.

## **PART 1 -- ADMINISTRATION**

The agency shown below has been designated by the Chief Executive Officer of the State (or Territory), to represent the State (or Territory) as the Lead Agency. The Lead Agency agrees to administer the program in accordance with applicable Federal laws and regulations and the provisions of this Plan, including the assurances and certifications appended hereto. (658D, 658E)

### **1.1 Lead Agency Information** (as designated by State chief executive officer)

Name of Lead Agency: *Indiana Family and Social Services Administration  
Division of Family and Children*

Address of Lead Agency: *402 West Washington St. W-392  
Indianapolis, IN 46204*

Name and Title of the  
Lead Agency's Chief Executive Officer: *John Jay Boyce, Director  
Division of Family and Children*

Phone & Fax Numbers: *317-232-4704 / 317-232-4490*

### **1.2 State Child Care (CCDF) Contact Information** (day-to-day contact)

Name and Title of the  
State Child Care Contact (CCDF): *Beth Eiler, Deputy Director  
Bureau of Child Development*

Address of Contact: *402 West Washington St. W-386  
Indianapolis, IN 46204*

Phone & Fax Numbers: *317-234-2250 / 317-232-4490*  
E-Mail Address: [beiler@fssa.state.in](mailto:beiler@fssa.state.in)

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**1.3 Estimated Funding**

The Lead Agency estimates that the following amounts will be available for child care services and related activities during the 1-year period: October 1, 2003 through September 30, 2004. (§98.13(a))

-CCDF:	\$ 155,428,235
-Federal TANF Transfer to CCDF (if known):	\$ 4,052,906
-Direct Federal TANF Spending on Child Care (if known):	\$ NA
-State CCDF Maintenance of Effort Funds:	\$ 15,356,945
-State Matching Funds:	\$ 19,757,870
-Total Funds Available:	\$ 182,621,973

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**1.4** The Lead Agency estimates that the following amount (and percentage) of the CCDF will be used to administer the program (not to exceed 5 percent): \$ 5,924,952 ( 5 %).  
(658E(c)(3), §§98.13(a), 98.52)

**1.5** Does the Lead Agency directly administer and implement all services, programs and activities funded under the CCDF Act, including those described in Part 5.1 – Activities & Services to Improve the Quality and Availability of Child Care, Quality Earmarks and Set-Aside?

( ) Yes. – GO to Section 1.8.

( X ) No, and the following describes how the Lead Agency maintains overall control when services or activities are provided through other agencies. (658D(b)(1)(A), §98.11)

*The lead agency maintains overall control by:*

- 1. Establishing all policy and procedures governing the CCDF subsidy program (See CCDF Voucher Program Policy and Procedure Manual attachment A)*
- 2. Requiring the use of automated intake system software that enforces the CCDF subsidy program policy and procedures.*
- 3. Awarding grants based on a competitive Request for Funds process. Grant awards are annual and may be renewed up to 3 years.*
- 4. Using performance based contracts.*
- 5. Requiring local plans to be submitted for review and approval by the lead agency (See Request for Funds attachment B)*
- 6. Contracting directly with the local entity chosen to administer the CCDF subsidy program.*
- 7. Monitoring each entity throughout the contract period for contract and policy compliance through:*
  - Monthly review of claims prior to payment;*
  - Quality assurance review of data;*
  - On-site annual reviews including case sampling;*
  - Parent, provider, and local Office of Family and Children (OFC) customer satisfaction surveys; and*
  - Monthly and quarterly program data reporting; and*
  - Monthly fiscal reporting.*
- 8. Collaboration with the CCDF County Team regarding program coordination and communication at the local level.*

**1.6** For child care services funded under §98.50 (i.e., certificates, vouchers, grants/contracts for slots based on individual eligibility), does the Lead Agency itself: (§98.11)

- Determine individual eligibility of non-TANF families? YES \_\_\_\_ NO X

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**If NO**, identify the name and type of agency that determines eligibility of non-TANF families for child care:

*An Intake Agent is selected for each county through a competitive Request for Funds (RFF) process. (See attachment B) The RFF has specific requirements for the selection of the Intake agent but the type of entity selected varies from county to county. Most typically, Intake Agents are local non-governmental multi-service agencies who serve low-income families but some are also:*

- *Child care resource and referral agency;*
- *School district;*
- *Local government unit; or*
- *Child care provider.*

- Determine individual eligibility of TANF families? YES   X   NO

**If NO**, identify the name and type of agency that determines eligibility of TANF families for child care:

*The Lead Agency determines the service need of TANF families and refers them to the Intake Agent who completes the enrollment process for the CCDF Voucher Program.*

- Assist parents in locating child care? YES        NO   X

**If NO**, identify the name and type of agency that assists parents:

*The State contracts for Child Care Resource and Referral services with the state network of CCRR agencies to assist parents in locating appropriate child care and to improve and expand statewide resources.*

- Make payments to providers? YES        NO   X

**If NO**, identify the name and type of agency that makes payments:

*The FSSA Claims Division makes payments to providers; however, the State has contracted with Affiliated Computer Services (ACS) to implement an electronic benefit payment system to replace the state claim payments. ACS is a national for-profit corporation specializing in diversified business process outsourcing (BPO) and information technology (IT) outsourcing solutions to government and commercial clients worldwide. The electronic payment system is expected to increase efficient,*

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*effective service delivery to CCDF families and child care providers. The statewide implementation of the electronic benefit payment system will occur during the first year of this plan.*

1.7 Is any entity named in response to section 1.6 a non-governmental entity? (See section 1.6 of the guidance). (658D(b), §§98.10(a), 98.11(a))

☐ No.

☒ Yes, the following entities named in section 1.6 are non-governmental:

*Please refer to the Intake agent list (attachment C). All entities except the City of Bloomington are non-governmental.*

**Section 1.8 - Use of Private Donated Funds**

1.8.1 Will the Lead Agency use private donated funds to meet a part of the matching requirement of the CCDF pursuant to §98.53(e)(2) and (f)?

☒ No. GO TO 1.9

☐ Yes. The name and type of entity designated to receive private donated funds is:

Name:

Address:

Contact:

Type (government/private non-profit/private for-profit):

**Section 1.9 - Use of State Pre-Kindergarten (Pre-K) Expenditures for CCDF-Eligible Children**

1.9.1 During this plan period, will State expenditures for Pre-K programs be used to meet any of the CCDF maintenance of effort (MOE) requirement?

☒ No.

☐ Yes,

\_\_\_\_\_ The State assures that its level of effort in full day/full year child care services has not been reduced, pursuant to §98.53(h)(1).

\_\_\_\_\_ Estimated % of the MOE requirement that will be met with pre-K expenditures. (It may not exceed 20%.)

If the State uses Pre-K expenditures to meet more than 10% of the



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MOE requirement, the following describes how the State will coordinate its Pre-K and child care services to expand the availability of child care (§98.53(h)(4)):

1.9.2 During this plan period, will State expenditures for Pre-K programs be used to meet any of the CCDF Matching Fund requirement? (§98.53(h))

- (X) No.  
( ) Yes, and

\_\_\_\_\_ Estimated % of the Matching Fund requirement will be met with pre-K expenditures. (It may not exceed 20%.)

If the State uses Pre-K expenditures to meet more than 10% of the Matching Fund requirement, the following describes how the State will coordinate its Pre-K and child care services to expand the availability of child care (§98.53(h)(4)):

1.9.3 If the State answered yes to 1.9.1 or 1.9.2, the following describes State efforts to ensure that pre-K programs meet the needs of working parents (§98.53(h)(2)):

## **Part 2--DEVELOPING THE CHILD CARE PROGRAM**

### **2.1 - Consultation and Coordination**

2.1.1 Consultation. Describe the consultation the Lead Agency held in developing this Plan and the results of that consultation. At a minimum, the description must include the following:

- Representatives of local governments;
- Tribal organizations when such organizations exist within the boundaries of the State. (658D(b)(2), §§98.12(b), 98.14(b))

*The Lead Agency consults on an ongoing basis with the Board for the Coordination of Child Care Regulation. The Board was created by state statute (IC12-17.2-3.1) to study the laws governing the regulation of child care and to make recommendations to the Indiana General Assembly concerning changes in the law the Board finds appropriate. Board membership is composed of two Representatives, two Senators, and 12 lay members (See attachment D for a list of Board Members). The Board was instrumental in passing legislation to establish minimum health and safety standards for all providers wishing to participate in CCDF.*

*The Lead Agency also consults with the Indiana Child Care Fund Board on a regular basis. The Fund Board was created by Executive Order of the Governor in 1998 as the vehicle to implement a public/private partnership and undertake activities essential to the well being of children in Indiana. The purpose of the Fund is to turn contributions into investments in the future of child care in Indiana. Members include representatives from business, education, Foundations, the Indiana Department of Workforce Development, the Indiana Department of Health, the professional child care field and local government representatives (See attachment E for a membership roster). Collaboration between the Fund Board and FSSA resulted in the implementation of several initiatives to increase the professional development and compensation of child care providers including T.E.A.C.H. Indiana.*

*The Lead Agency also consults with and is a member of the State Step Ahead Panel. The Panel was created by state statute (IC 20-1-1) in part to encourage collaboration for early childhood programs. The Panel is made up of members representing Indiana's Department of Education, Department of Mental Health, Department of Health, the Governor's Office, the State Headstart Association, and the Department of Commerce (See attachment F for a membership roster). The Panel has oversight of the Step Ahead local planning process. Every county has a CCDF County Team that includes the Local Office of Family and Children, the CCDF Intake Agent, the local Child Care Resource and Referral, and the Step Ahead Coordinator who represents the local planning council. The county child care planning team works closely with the Lead Agency in local implementation of the voucher program.*

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- 2.1.2 Coordination. Lead Agencies are required to coordinate with other Federal, State, local, tribal (if applicable), and private agencies providing child care and early childhood development services.

Check any of the following services provided by agencies with which the Lead Agency coordinates. In each case identify the agency providing the service and describe the coordination and expected results:

- ☒ Public health including programs that promote children's emotional and mental health

*The Lead Agency coordinates with the Indiana State Board of Health to increase immunization rates and to provide Health Consultants for child care providers to improve health and sanitation in child care facilities.*

*A new planning initiative with the Maternal and Child Health Division of the Indiana State Board of Health will focus on developing a comprehensive early childhood plan for the state.*

*The Lead Agency also coordinates with the Indiana Children's Health Insurance Program, Hoosier Healthwise, to increase participation rates.*

- ☒ Employment services

*The Indiana Department of Workforce Development and the business community are represented on the Indiana Child Care Fund Board that coordinates with the Lead Agency. Their expertise in the development of public/private partnerships will increase local investment in child care quality and affordability.*

- ☒ Public education

*The Lead Agency is coordinating with the Indiana Department of Education on planning for the Good Start, Grow Smart initiative by increasing public awareness and understanding of the Indiana Foundations for Early Learning.*

- ☒ TANF

*The Lead Agency also administers the TANF program. CCDF coordinates with TANF by allowing priority referrals for child care to increase the success of welfare to work efforts.*

- ☐ State Pre-K programs

- ☒ Head Start programs

*The Indiana Head Start Partnership Coordinator is housed with the Lead Agency which allows close coordination to increase full day, full year Head Start services.*

X Programs that promote inclusion for children with disabilities  
*Indiana's Part C program, First Steps, is housed with the Lead Agency. The programs work together to increase early intervention referrals and provide parent education on developmentally appropriate child care.*

*The Lead Agency coordinates with the Indiana Institute on Disability and Community-Early Childhood Center to increase the number of children with disabilities being included in everyday places, activities and routines.*

*The Lead Agency also coordinates with the Indiana Association of Child Care Resource and Referral to increase options for inclusion through provider training and technical assistance.*

X Others (please identify) (658D(b)(1)(D), §98.12(a), 98.14(a)(1) & (2))  
*The Lead Agency is a State Partner for the Healthy Child Care Indiana Initiative to increase the level of inclusion of the National Health and Safety Standards in licensing rules, increase the level of quality of care through provision of professional development, and support the continuation of efforts to inform early care and education professionals about training opportunities. Additionally, the development and implementation of a child care health consultant program by the Initiative with support from the Indiana State Department of Health focusing on health and safety issues in child care, increased immunization rates for 2 year olds, utilization of safe sleeping practices, and an increase in the number of children with medical homes and health insurance is supported by the Lead Agency.*

*The Lead Agency coordinates with Healthy Families Indiana to provide parent education on developmentally appropriate child care.*

*The Lead Agency also coordinates with the State Fire Marshal to reduce wait time for child care license inspections.*

*The Lead Agency coordinates with the Indiana Association for the Education of Young Children to provide professional development for child care providers.*

*To ensure coordination across the state, the Lead Agency requires county CCDF teams to demonstrate coordination at the local level before CCDF funding is made available.*

## **2.2 - Public Hearing**

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Describe the Statewide public hearing process held to provide the public an opportunity to comment on the provision of child care services under this Plan. At a minimum, the description must indicate:

*Three public hearings were held during the week of May 12, 2003. Oral and written comments were accepted. Comments were also accepted from the Lead Agency website (See attachment G for a copy of the public notice).*

- Date(s) of statewide notice of public hearing April 21, 2003.
- Manner of notifying the public about the statewide hearing  
*The notification process included notice through the Bureau of Child Development website, email correspondence, as well as a hearing notice posted in 11 newspapers throughout the state.*
- Date(s) of public hearing(s) May 12, 14, and 15, 2003

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- Hearing site(s) \_\_\_\_

*North: 5/15/03  
Plymouth Community Schools Administration Building  
611 Berkley St.  
Plymouth, IN 46563*

*Central: 5/14/03  
Indiana Government Center South Auditorium  
402 West Washington St.  
Indianapolis, IN 46204*

*South: 5/12/03  
Harrison Center Library  
405 N. Capital Ave.  
Corydon, Indiana 47112*

- How the content of the plan was made available to the public in advance of the public hearing(s) (658D(b)(1)(C), §98.14(c)):

*The State Plan was posted on the Bureau of Child Development website at [www.in.gov/fssa/children/bcd](http://www.in.gov/fssa/children/bcd).*

### **2.3 - Public-Private Partnerships**

- Describe the activities, including planned activities, to encourage public-private partnerships that promote private-sector involvement in meeting child care needs, including the results or expected results. (658D(b)(1), §98.16(d)):

*The Lead Agency and the Indiana Association of Child Care Resource and Referral (IACCRR) have formed a joint project to continue Indiana's support of local community efforts to increase the role of the private sector as leaders on child care issues and investors in high quality child care for their employees. The goal is to establish a strong network of Business Partnership Specialists (BPS) who can share their expertise and resources. The roles of the specialist include but are not limited to:*

- *Consulting with businesses*
- *Educating the community on work family issues*
- *Advising community organizations of local employer interests*
- *Building a business mentoring network*

*The BPS has an inventory of products and services available to match the needs and constraints of partnering employers. Expected results are that employers will make investments in child care*

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*for their employees. To date, estimated total investment from the project is \$4,387,500 per year in child care subsidies.*

*The Lead Agency and the Indiana Child Care Fund Board have also formed a joint project, the Indiana Community Child Care Initiative (ICCCI), to improve and expand quality child care through public and private partnerships at the local level. CCDF Quality funds have been made available through a competitive and focused matching grant program based on the approach of the former Indiana Child Care Symposium. The project focuses on the following areas to improve and expand access to:*

- Infant and Toddler care*
- Care for children with special needs*
- Non-traditional hour care*
- Consumer awareness, parent information*
- An organized effort to work with business*
- Professional development*

*Expected project results are that counties will build strong public and private planning teams that will make local community investments in the focus areas and provide \$1 in private match for every \$2 in public funding.*

*Another joint public private partnership that focuses on professional development and compensation for child care providers is the T.E.A.C.H. Indiana project. As of May 2003, over 3000 providers in 89 different counties have served over 61,000 children with their CDA credential. Provider compensation has been increased and turnover has been reduced to 10% in facilities with TEACH participants.*

*A new non-formal CDA opportunity, grants for accreditation, a new school age care credential, and the nation's first On-Line opportunity for a complete college credit CDA will make professional development access available to all providers. These efforts represent multiple public and private partners at the state and local level and will offer a multi-faceted approach to raising the overall quality of child care. CCDF Quality funds will make continuation of these projects possible.*

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### PART 3 -- CHILD CARE SERVICES OFFERED

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#### Section 3.1 - Description of Child Care Services

**REMINDER:** The Lead Agency must offer certificates for services funded under 45 CFR 98.50. (98.30) Certificates must permit parents to choose from a variety of child care categories, including center-based care, group home care, family child care and in-home care. (§98.30(e))

3.1.1 In addition to offering certificates, does the Lead Agency also have grants or contracts for child care slots?

( ) No.

(X) Yes, and the following describes the types of child care services, the process for accessing grants or contracts, and the range of providers that will be available through grants or contracts: (658A(b)(1), 658P(4), §§98.16(g)(1), 98.30(a)(1) & (b))

*Child care services are available to eligible families through direct contracts with licensed child care centers and homes as well as through vouchers.*

*Grantees under direct contract must be licensed, accessible to low income families, and have Minimum Standards certification (See attachment H for Minimum Standards checklist). An annual RFF process is used for contract award (See attachment I for RFF document).*

*Effective 10-1-04, the Lead Agency will only contract directly with licensed, **accredited** centers that are accessible to low income families and that have Minimum Standards certification.*

3.1.2 The Lead Agency must allow for in-home care but may limit its use. Does the Lead Agency limit the use of in-home care in any way?

( ) No.

(X) Yes, and the limits and the reasons for those limits are (§§98.16(g)(2), 98.30(e)(1)(iv)):

*Child care provided by an individual provider who resides in the child's home is defined as **RELATIVE CARE**. Reimbursement may only be made in these situations to the child's grandparents, great-grandparents, aunt, or uncle. The provider must be related by law, blood, or court decree. Parents, stepparents, and legal guardians are not to be reimbursed for the care of their own*



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*children. The reimbursement rate for relative care is the same as the legally license exempt provider home rate and should be reimbursed to the provider.*

*Child care provided by an individual provider who comes into the child's own home is defined as IN-HOME CARE. The provider may not reside at the child's address; this individual is a non-resident of the child's home. Parents, stepparents, and legal guardians are not to be reimbursed for the care of their own children. The provider and the child's home must meet minimum standards.*

*IN-HOME CARE is available only for families in which three or more related children require child care. The children all must be members of the same family and related to each other by blood or law.*

*The reimbursement rate for in-home care is calculated per family on an hourly rate consistent with the current federal minimum wage. This means there is one rate for all siblings. Reimbursement is limited to no more than 40 hours of care per week (Sunday through Saturday). The market rate does not apply to this situation.*

3.1.3 Are all of the child care services described in 3.1.1 above (including certificates) offered throughout the State? (658E(a), §98.16(g)(3))

( X ) Yes

( ) No, and the following are the localities (political subdivisions) and the services that are not offered:

### **Section 3.2 - Payment Rates for the Provision of Child Care**

The statute at 658E(c)(4) and the regulations at §98.43(b)(1) require the Lead Agency to establish payment rates for child care services that ensure eligible children equal access to comparable care. These rates are provided as *Attachment J*. The attached payment rates are effective as of *October 1, 2003*

The following is a summary of the facts relied on by the State to determine that the attached rates are sufficient to ensure equal access to comparable child care services provided to children

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whose parents are not eligible to receive child care assistance under the CCDF and other governmental programs. Include, at a minimum:

- The month and year when the local market rate survey(s) was completed: *February 2003*. (§98.43(b)(2)) A copy of the Market Rate Survey instrument and a summary of the results of the survey are provided as Attachment K.

*Market Rate Survey information was collected during February 2003 through an electronic data transfer of licensed provider rate information from the local Child Care Resource and Referral database.*

- How the payment rates are adequate to ensure equal access based on the results of the above noted local market rate survey (i.e., the relationship between the attached payment rates and the market rates observed in the survey): (§98.43(b))

*Payment rates are based on local market surveys of licensed care with rates established at the 75<sup>th</sup> percentile. Tiered rates will be maintained with separate payment rates for licensed, accredited and legally exempt child care providers. Rates are established by county on a weekly, daily and hourly basis for categories of care that include infant, toddler, 3 year old, 4 year old, 5 year old, kindergartner, and school age.*

- Additional facts that the Lead Agency relies on to determine that its payment rates ensure equal access include: (§98.43(d))

*Providers are paid every two weeks and can bill for up to six holidays per calendar year. Each child enrolled full time is allowed 20 personal days during their enrollment year for which reimbursement can be made if a child is absent. Full time care is defined as 25 hours or more per week for non school age children.*

*The reimbursement rate for in-home care is calculated per family on an hourly rate consistent with the current federal minimum wage. This means there is one rate for all siblings. Reimbursement is limited to no more than 40 hours of care per week (Sunday through Saturday). The market rate does not apply to this situation.*

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- If the payment rates do not reflect individual rates for the full range of providers -- center-based, group home, family and in-home care -- explain how the choice of the full range of providers is made available to parents.

*The State does not distinguish between group and family care; therefore separate payment rates are not shown. The remaining choices are available with payment rates.*

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### **Section 3.3 - Eligibility Criteria for Child Care**

By statute, all eligible children must be under the age of 13, or under age 19 if physically or mentally incapable of self-care, or under court supervision, and reside with a family whose income does not exceed 85% of the State Median Income (SMI) for a family of the same size and whose parent(s) are working or attending a job training or educational program or who receive or need to receive protective services. (658E(c)(3)(B), 658P(3), §98.20(a))

- 3.3.1 Complete column (a) in the matrix below. Complete Column (b) ONLY IF the Lead Agency is using income eligibility limits lower than 85% of the SMI.

IF APPLICABLE			
Family Size	(a) 85% of State Median Income (SMI) (\$/month)	(b) Income Level, lower than 85% of SMI, if used to limit eligibility	
		\$/month	% of SMI
1	<b>\$2,287</b>	\$950	35.3%
2	<b>\$2,990</b>	\$1,283	36.7%
3	<b>\$3,694</b>	\$1,615	37.2%
4	<b>\$4,397</b>	\$1,947	37.6%
5	<b>\$5,101</b>	\$2,280	38.0%

The Lead Agency uses the State Median Income (SMI) of the year 2003.

If applicable, the date on which the eligibility limits detailed in column (b) became effective: October 2003.

- 3.3.2 How does the Lead Agency define “income” for the purposes of eligibility? Is any income deducted or excluded from total family income, for instance, work or medical expenses; child support paid to, or received from, other households; Supplemental Security Income (SSI) payments? Is the income of all family members included, or is the income of certain family members living in the household excluded? Please describe and/or include information as Attachment A. (§§98.16(g)(5), 98.20(b))

*This information is included in the CCDF Policy and Procedures Manual, attachment A, p.31 to 33.*

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3.3.3 Has the Lead Agency established additional eligibility conditions or priority rules, for example, income limits that vary in different parts of the State, special eligibility for families receiving TANF, or eligibility that differs for families that include a child with special needs? (658E(c)(3)(B), §98.16(g)(5), §98.20(b))

☒ No

☐ Yes, and the additional eligibility criteria are: (Terms must be defined in Appendix 2)

3.3.4 Has the Lead Agency elected to waive, on a case-by-case basis, the fee and income eligibility requirements for cases in which children receive, or need to receive, protective services, as defined in Appendix 2? (658E(c)(3)(B), 658P(3)(C)(ii), §98.20(a)(3)(ii)(A))

☐ Not Applicable, CCDF-funded child care is not provided in cases in which children receive, or need to receive, protective services.

☐ No

☒ Yes

3.3.5 Does the Lead Agency allow child care for children above age 13 but below age 19 who are physically and/or mentally incapable of self-care? (Physical and mental incapacity must then be defined in Appendix 2.) (658E(c)(3)(B), 658P(3), §98.20(a)(1)(ii))

☐ No

☒ Yes, and the upper age is through 18.

3.3.6 Does the Lead Agency allow child care for children above age 13 but below age 19 who are under court supervision? (658P(3), 658E(c)(3)(B), §98.20(a)(1)(ii))

☐ No

☒ Yes, and the upper age is through 18.

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- 3.3.7 Does the State choose to provide CCDF-funded child care to children in foster care whose foster care parents are not working, or who are not in education/training activities? (§§98.20(a)(3)(ii), 98.16(f)(7))
- ( ) Yes. (**NOTE:** This means that for CCDF purposes the State considers these children to be in protective services.)
- (X) No.
- 3.3.8 Does the State choose to provide respite child care to children in protective services? (§§98.16(f)(7), 98.20(a)(3)(ii)(A) & (B))
- (X) Yes.
- ( ) No.

**Section 3.4 - Priorities for Children**

- 3.4.1 The following describes the priorities for serving CCDF-eligible children including how priority required by the statute is given to children of families with very low family income and children with special needs: (Terms must be defined in Appendix 2) (658E(c)(3)(B))

*Refer to attachment A, p. 21 to 22, for State priorities for CCDF.*

- 3.4.2 The following describes how CCDF funds will be used to meet the needs of families receiving Temporary Assistance for Needy Families (TANF), those attempting to transition off TANF through work activities, and those at risk of becoming dependent on TANF. (658E(c)(2)(H), Section 418(b)(2) of the Social Security Act, §§98.50(e), 98.16(g)(4))

*Families are eligible at or below 127% of the FPL. As indicated in attachment A, TANF families who are actively participating in a case plan to ensure self-sufficiency are considered highest priority. TANF families only need a referral from their TANF caseworker to receive priority.*

- 3.4.3 The following describes how the Lead Agency addresses situations in which funding is not sufficient to serve all families that are technically eligible under State policies:

*The Lead Agency requires that each county Intake Agent maintain a Waiting List of clients who are eligible for the CCDF program, but for whom no funding is available to enroll them. The*

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*Waiting List is maintained according to State Priorities, as indicated in Attachment A, p. 21 to 22.*

*Further, the Intake Agent is part of a local county team that includes the local Child Care Resource and Referral (CCRR) agency. If funding is not available for a family, the Intake Agent may refer the family to the CCRR for information about providers who may be willing to provide services at a reduced fee.*

*Also, Indiana has a web site, [www.childcarefinder.IN.gov](http://www.childcarefinder.IN.gov) that can assist parents in locating affordable, quality child care in their specific area.*

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### **Section 3.5 - Sliding Fee Scale for Child Care Services**

- 3.5.1 A sliding fee scale, which is used to determine each family's contribution to the cost of child care, must vary based on income and the size of the family. A copy of this sliding fee scale for child care services and an explanation of how it works is provided as Attachment L.

*Effective 10/01/03, Indiana will begin using a new tiered co-pay plan that is based on family income, size, and number of years of participation on the CCDF program. Families with gross monthly income above 100% of poverty will be required to make a weekly co-pay. The co-pay ranges from 5% to 9% of the family's gross monthly income. Families at or below 100% will have zero co-pay.*

*Only one fee is charged per family regardless of the number of children in the family receiving care or the amount of care needed. In cases where the family has more than one provider of child care, the fee is assigned to the child receiving the most care per week.*

*The family pays the fee to the provider directly. The provider is responsible for collecting the fee from the parent. Failure to pay family fees may result in termination of the child(ren) from the program.*

The attached fee scale is effective as of October 2003.

Will the Lead Agency use additional factors to determine each family's contribution to the cost of child care? (658E(c)(3)(B), §98.42(b))

- ☐ No.  
☒ Yes, and the following describes any additional factors that will be used to determine a family's contribution including, but not limited to, a maximum amount (family cap), number of children in care, cost of care, and/or whether care is full or part-time:

*The percentage of income paid by the family gradually increases from 5% to a maximum of 9% based on the number of years of participation in the CCDF program.*

- 3.5.2 Is the sliding fee scale provided in the attachment in response to question 3.5.1 used in all parts of the State? (658E(c)(3)(B))

- ☒ Yes  
☐ No, and other scale(s) and their effective date(s) are provided as Attachment \_\_\_\_\_.



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- 3.5.3 The Lead Agency may waive contributions from families whose incomes are at or below the poverty level for a family of the same size, (§98.42(c)), and the poverty level used by the Lead Agency for a family of 3 is: \$ 1272/month (100% of FPL).

The Lead Agency must elect ONE of these options:

- ( X ) ALL families with income at or below the poverty level for a family of the same size ARE NOT required to pay a fee.
- ( ) ALL families, including those with incomes at or below the poverty level for families of the same size, ARE required to pay a fee.
- ( ) SOME families with income at or below the poverty level for a family of the same size ARE NOT required to pay a fee. A description of these families is:

- 3.5.4 Does the Lead Agency have a policy that prohibits a child care provider from charging families any unsubsidized portion of the provider's normal fees (in addition to the contributions discussed in 3.5.1)? (§98.43(b)(3))

- ( X ) No
- ( ) Yes, please describe:

- 3.5.5 The following is an explanation of how the copayments required by the Lead Agency's sliding fee scale(s) are affordable: (§98.43(b)(3))

*Families above 100% of the Federal Poverty Level have co-pays based on income and family size. In all cases the required co-pay is less than 10% of family income.*

### **Section 3.6 - Certificate Payment System**

A child care certificate means a certificate, check, or other disbursement that is issued by the Lead Agency directly to a parent who may use it only to pay for child care services from a variety of providers including community and faith-based providers (center-based, group home, family and in-home child care), or, if required, as a deposit for services. (658E(c)(2)(A)), 658P(2), §§98.2, 98.16(k), 98.30(c)(3) & (e)(1))

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Describe the overall child care certificate payment process, including, at a minimum:

3.6.1 A description of the form of the certificate: (§98.16(k))

*The CCDF child care voucher is a paper certificate that displays: parent's name and address; child's name; family case ID number; provider name, address, and type; weekly dollar subsidy authorized; dates that subsidy is authorized; total dollar amount authorized on voucher; and a signature line for the provider. The form is generated from the Intake Eligibility Software System. See attachment M.*

3.6.2 A description of how the certificate program permits parents to choose from a variety of child care settings by explaining how a parent moves from receipt of the certificate to the choice of provider: (658E(c)(2)(A)(iii), 658P(2), §§98.2, 98.30(c)(4) & (e)(1) & (2))

*When it has been determined that the family is eligible for CCDF services and that there are sufficient funds available for the child care services needed, the parent takes documentation to their choice of provider that has met Minimum Standards certification.*

*The documentation includes statement of provider charges and provider type. The provider's signature is required as well. The chosen provider is required to fill out the documentation and it must be returned to the Intake eligibility worker so that the parent's CCDF application may be completed.*

*The parent may already have chosen a provider, or may need assistance locating a provider. If the parent requires assistance, the Intake eligibility worker may make a referral to the local CCRR. The CCRR can provide the parent with information on all types of providers in their area and consumer education on selecting quality care for their children.*

*Further, the Intake eligibility worker or local CCRR could refer the parent to the [www.childcarefinder.IN.gov](http://www.childcarefinder.IN.gov) web site. This site lists all licensed providers, as well as information about each provider's recent inspections.*

- 
- 3.6.3 If the Lead Agency is also providing child care services through grants and contracts, explain how it ensures that parents offered child care services are given the option of receiving a child care certificate. (§98.30(a) & (b))  
*Families have the option of a voucher or referral to a grantee funded through a contract. Approximately 4% of direct service funds are in contracts.*

#### **PART 4 - PROCESSES WITH PARENTS**

- 4.1 The following describes the process for a family to apply for and receive child care services (658D(b)(1)(A), 658E(c)(2)(D) & (3)(B), §§98.16(k), 98.30(a) through (e)). If the process varies for families based on eligibility category, for instance, TANF versus non-TANF, please describe. The description should include:
- How parents are informed of the availability of child care services and about child care options;
  - Where/how applications are made;
  - Who makes the eligibility determination;
  - How parents who receive TANF benefits are informed about the exception to individual penalties as described in 4.4; and
  - Length of eligibility period including variations that relate to the services provided, e.g., through collaborations with Head Start or pre-kindergarten programs.
  - Any steps the State has taken to reduce barriers to initial and continuing eligibility for child care subsidies.

*Parents may self-refer for the CCDF program or they may be referred by a variety of social services agencies, including, but not limited to: the Local Office of Family and Children/TANF case worker, schools, workforce development agencies, or local CCRR. Information is also available through the [www.childcarefinder.IN.gov](http://www.childcarefinder.IN.gov) web site.*

*Determination of eligibility is a shared responsibility of both the parent and the local Intake Agent. Typically, a parent will call the local CCDF Intake site in their county and arrange an appointment time. The Intake eligibility worker will ask the parent to provide documentation that demonstrates both a service and a financial need. The Intake Agent verifies program eligibility.*

*If a family is determined as eligible for the CCDF program, the parent is asked about their choice of provider. All providers must meet minimum standards in order to participate in the CCDF program. If a parent has already selected a provider who has met minimum standard requirements, the eligibility worker will assign the child(ren) to the provider and issue a voucher(s). Otherwise the family is given consumer education materials or referred to the local Child Care Resource and Referral Agency for assistance in selecting a provider.*

*Families are required to re-certify eligibility every six months. Families must report any address, income or service need changes within 10 days. If a family's circumstances are uncertain or unstable, less than 6 months of eligibility may be certified.*

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*Part of the selection process for local Intake agents is to evaluate the degree of customer service proposed such as evening and weekend hours, convenience of intake locations, and accommodations for working parents.*

*It is the Lead Agency's responsibility to inform parents who receive TANF benefits about the exceptions to the individual penalties. In fulfilling that requirement, the Lead Agency works closely with the TANF division that is responsible for establishing criteria and definitions.*

- 4.2 The following is a detailed description of how the State maintains a record of substantiated parental complaints and how it makes the information regarding such parental complaints available to the public on request. (658E(c)(2)(C), §98.32))

*The Lead Agency maintains substantiated parental complaints on providers at local Offices of Family and Children, and at the Central Office in Indianapolis by the Licensing Section in the Bureau of Child Development. The information is available upon request or through the Indiana Family and Social Services website at [www.childcarefinder.IN.gov](http://www.childcarefinder.IN.gov). The public can access information on the site concerning the status of a child care provider's license, read about the latest inspections and any problems uncovered. Complaints filed by parents are also listed, along with whether the complaint was substantiated, and what action was taken.*

- 4.3 The following is a detailed description of the procedures in effect in the State for affording parents unlimited access to their children whenever their children are in the care of a provider who receives CCDF funds. (658E(c)(2)(B), §98.31))

*At the time of parent application at the eligibility site, the parent is informed of their rights and responsibilities. Included is the right to visit their children at all times and to see all areas used for child care. Providers must sign an agreement that they will allow unlimited parental access to be certified as a provider.*

- 4.4 The regulations at §98.33(b) require the Lead Agency to inform parents who receive TANF benefits about the exception to the individual penalties associated with the work requirement for any single custodial parent who has a demonstrated inability to obtain needed child care for a child under 6 years of age.

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In fulfilling this requirement, the following criteria or definitions are applied by the TANF agency to determine whether the parent has a demonstrated inability to obtain needed child care:

NOTE: The TANF agency, not the Child Care Lead Agency, is responsible for establishing the following criteria or definitions. These criteria or definitions are offered in this Plan as a matter of public record. The TANF agency that established these criteria or definitions is:

*The CCDF Lead Agency is also the Lead Agency for TANF.*

- "appropriate child care":

*Any care which is provided in accordance with Indiana law. Appropriate child care is either licensed, registered, or license exempt.*

- "reasonable distance":

*A round trip from home to child care setting of less than two hours in duration by an automobile.*

- "unsuitability of informal child care":

*Care which has resulted in abuse or neglect of a child or care which is subject to licensure requirements, but is not licensed.*

- "affordable child care arrangements":

*Any care which is totally subsidized by the agency as TANF recipients are not expected to pay for child care.*

## **PART 5 - ACTIVITIES & SERVICES TO IMPROVE THE QUALITY AND AVAILABILITY OF CHILD CARE**

### **5.1 - Quality Earmarks and Set-Asides**

5.1.1 The Child Care and Development Fund provides earmarks for infant and toddler care and school-age care and resource and referral services as well as the special earmark for quality activities. The following describes the activities; identifies the entities providing the activities; and describes the expected results of the activities.

Infants and toddlers:

*The Lead Agency partners with the Indiana Child Care Fund, Inc.(ICCF), a non-profit organization that was created by Executive Order of the Governor to improve and expand quality child care through the development of public and private partnerships. A joint grant project to improve infant and toddler care through a competitive and focused matching grant program at the local level has been initiated. Grant funds are awarded to counties with community partnerships in place. Each grantee must demonstrate their ability to identify, fund, implement and sustain the proposed project to improve availability, affordability, and quality of care for infants and toddlers in their community. The following are examples of activities:*

- *Better Baby Care Indiana Campaign activities*
- *Infant and toddler care staff training and professional development*
- *Developmentally appropriate materials and equipment for infants and toddlers*
- *Parent education and enhanced referrals*
- *Recruitment and support of new providers*

Resource and referral services:

*The Lead Agency partners with the Indiana Association of Child Care Resource and Referral (IACCRR) to provide child care resource and referral services to families in Indiana. IACCRR maintains subcontracts with local entities to support families, providers and communities with the following cores services:*

- *Providing consumer education and referrals*
- *Building the supply of child care resources*
- *Providing technical assistance and support to providers*
- *Maintaining the NACCRAWARE database*
- *Providing assistance to employers*
- *Training in diversity and special needs*

School-age child care:

*The Lead agency also partners with the Indiana Child Care Fund, Inc. (ICCF) in a joint project to fund local initiatives to expand and improve access to high quality, affordable, school-age care programs. A joint grant project to improve school-age care through a competitive and focused matching grant program at the local level has been initiated. Grant funds are awarded to counties with community partnerships in place. Each grantee must demonstrate their ability to identify, fund, implement and sustain the proposed project to improve availability, affordability,*

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*and quality of care for school age children in their community. The following are examples of activities:*

- *Wrap-around kindergarten child care services*
- *Academic and cultural enrichment of programs*
- *School-age care staff training and professional development*
- *Start-up program equipment and supplies*
- *Additional staffing for special needs children*

*In addition, the Lead Agency and ICCF are funding the development and implementation of a statewide Indiana Credential system for care of school-age children with accompanying training for school-age professionals to be peer reviewers and/or trainers for the system. This will be the first time standards for quality school-age care have been developed in Indiana.*

- 5.1.2 The law requires that not less than 4% of the CCDF be set aside for quality activities. (658E(c)(3)(B), 658G, §§98.13(a), 98.16(h), 98.51) The Lead Agency estimates that the following amount and percentage will be used for the quality activities (not including earmarked funds):

\$ 8,839,600 ( 4 % )

- 5.1.3 Check either "Yes" or "No" for each activity listed to indicate the activities the Lead Agency will undertake to improve the availability and quality of child care (include activities funded through the 4% quality set-aside as well as the special earmark for quality activities). (658D(b)(1)(D), 658E(c)(3)(B), §§98.13(a), 98.16(h))

Yes No

- |             |             |  |
|-------------|-------------|--|
| <u>X</u>    | <u>    </u> | Comprehensive consumer education;  |
| <u>    </u> | <u>X</u>    | Grants or loans to providers to assist in meeting State and local standards;   |
| <u>X</u>    | <u>    </u> | Monitoring compliance with licensing and regulatory requirements;  |
| <u>X</u>    | <u>    </u> | Professional development, including training, education, and technical assistance;   |
| <u>X</u>    | <u>    </u> | Improving salaries and other compensation for child care providers;  |
| <u>X</u>    | <u>    </u> | Activities in support of early language, literacy, pre-reading, and numeracy development;  |
| <u>X</u>    | <u>    </u> | Activities to promote inclusive child care;  |
| <u>X</u>    | <u>    </u> | Healthy Child Care America and other health activities including those designed to promote the social and emotional development of children; |
| <u>X</u>    | <u>    </u> | Other quality activities that increase parental choice, and improve the quality and availability of child care. (§98.51(a)(1) and (2))       |

- 5.1.4 Describe each activity that is checked "Yes" above, identify the entity (ies) providing the activity, and describe the expected results of the activity.

### Comprehensive Consumer Education

*Various educational materials are made available to the local CCRR and other community organizations from the Lead Agency. These materials include, but are not limited to, Seek and Demand Quality Child Care brochures, ABCs of a Child Care Business, On-Line Learning, and Childcarefinder.IN.gov information. (See Attachment O)*

*Indiana's web based child care site, Childcarefinder.IN.gov, has been well accepted as a consumer education tool and successful with several thousand hits per month. The website complements services offered by resource and referral agencies to families by providing licensing information, a brief summary of services offered by the provider, detailed directions to each provider facility, and an unrestricted number of choices available for review. The website is integrated with the Lead Agency Licensing Database to provide parents with up-to-date information on a provider's current license status, and inspection history so parents may make better informed decisions when choosing a child care provider. The website also serves providers and child care advocates by maintaining a virtual community that reinforces the efforts of local partners and provides a central repository for information relevant to each early childhood care and education constituency.*

### Monitoring compliance with licensing and regulatory requirements

*Quality funds are used for the Lead Agency licensing staff to increase monitoring activities and to improve compliance by licensed providers with regulatory requirements.*

*Quality funds are also used for Child Care Resource and Referral local staff to certify legally license-exempt provider compliance with the state mandated Minimum Standards for CCDF providers.*

### Professional Development, including training, education, and technical assistance

*Several statewide quality initiatives focus on professional development, such as:*

- T.E.A.C.H. (Teacher Education and Compensation Helps) Early Childhood Indiana Project serves as an umbrella for a variety of educational scholarship opportunities for persons working in licensed, registered, or exempt child care centers and homes. In 1998 the Indiana Association for the Education of Young Children (IAEYC), a not-for-profit organization, received financial support to launch the T.E.A.C.H. Early Childhood Indiana Project from a partnership with the Lead Agency and the Indiana Child Care Fund. Any teacher, director or family child care home provider working in a child care setting is eligible to apply for a scholarship for college credit education towards a Child Development Associate credential (CDA) and associate degree in early childhood. These include scholarships for college campus learning and the new on-line learning and non-*



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*formal CDA credential programs. More information on this initiative can be found at [iaeyc.org](http://iaeyc.org).*

- On-Line Child Care Learning is the nation's first web based opportunity for a complete college credit CDA credential with additional literacy and business components and mentor assistance. Many child care providers, especially those in rural areas, struggle to find the time and means to take advantage of on-going child care education and certification opportunities. A solution to this problem was to develop a web based learning tool to meet the needs of those providers. Coursework sensitizes providers to the importance of emerging literacy activities and offers developmentally appropriate strategies to use to involve children in multiple language and literacy experiences. As a cooperative project of the Lead Agency, the Indiana Child Care Fund, St. Mary-of-the Woods College and Ivy Tech State College, the On-Line Child Care Learning program was established in August 2001 and already more than one hundred students have chosen to receive the CDA curriculum via this channel. More information regarding this initiative can be found at [childcarelearning.IN.gov](http://childcarelearning.IN.gov).*
- The Non-Formal Child Development Associate Credential initiative is a response to research that indicates that some adults learn best in non-traditional settings such as: on-line, distance learning, and local community facilities other than higher education institutions. In an effort to make child care education available to these providers, a statewide infrastructure is being developed to deliver the classroom hours required by the CDA credential with instruction conducted in environments conducive to alternative adult learning styles. The Indiana Association of Child Care Resource and Referrals and the Indiana Association for the Education of Young Children, both statewide not-for-profit organizations, are collaborating with the Lead Agency and the Indiana Child Care Fund to administer this initiative. The difference between a non-formal CDA and a CDA is that providers working towards a non-formal CDA are not eligible for college credits but learn the same criteria on providing quality child care.*
- The Indiana Accreditation Project is another joint initiative of the Lead Agency, Indiana Child Care Fund Board, and the Indiana Association for the Education of Young Children. The goal of the project is to increase the number of accredited child care centers and homes in the state by offering grants to providers to assist with the cost of accreditation.*

#### *Improving Salaries and Other Compensation for Child Care Providers*

*The major statewide initiative to improve salaries and compensation of providers is the T.E.A.C.H. program. Education, compensation and retention of the early care and education workforce are critical to making positive gains for children. This innovative program links training, compensation and commitment to improving the quality of early child care and education experiences for young children and their families by reducing provider turnover. By requiring a collective investment, participants and child care programs move together toward a greater acceptance of ongoing support for professional development and its linkage to better compensation.*

Activities in support of early language, literacy, pre-reading, and numeracy development

*Project Brain Tree is a statewide initiative to raise awareness for Hoosier preschool providers about math, science and technology. This new initiative will make science and math kits available at no cost to providers for their use in creating excitement for learning. The initiative is a collaboration between the Lead Agency, the Child Care Fund Board, local scientists from Eli Lilly Corporation, universities, the Indiana Department of Education, The Children's Museum of Indianapolis, and early childhood professionals to develop a new science and math curriculum that is fun for preschoolers. The pilot project involves educating licensed and ministry providers on the new curriculum and guiding them through the implementation process.*

*An Early Childhood Intergenerational Partnership initiative – The Young and the Young at Heart will connect senior citizens, retirement communities, and corporate retirees with child care facilities and allow seniors to read and share experiences with children. The goal of the program is to improve the level of literacy in children and keep the elderly active within their communities. This initiative is being developed by the Indiana Child Care Fund based on a prototype launched by Eli Lilly Corporation.*

Activities to Promote Inclusive Child Care

*The Lead Agency partners with the Indiana Child Care Fund, Inc. (ICCF), a non-profit organization that was created by Executive Order of the Governor to improve and expand quality child care through the development of public and private partnerships. A joint grant project to improve care for children with special needs through a competitive and focused matching grant program at the local level has been initiated. Grant funds are awarded to counties with community partnerships in place. Each grantee must demonstrate their ability to identify, fund, implement and sustain the proposed project to improve availability, affordability, and quality of care for special needs children in their community.*

*The Lead Agency partners with the Indiana Association of Child Care Resource and Referral Agencies to provide support, consultation, and training to early care providers for integrating children with disabilities into their programs.*

Healthy Child Care America and other health activities including those designed to promote the social and emotional development of children

*The Lead Agency is a partner for the statewide Healthy Child Care Indiana Initiative to increase the level of inclusion of the National Health and Safety Standards in licensing rules, increase the level of quality of care through provision of professional development, and support the continuation of efforts to inform early care and education professionals about training opportunities. Additionally, the development and implementation of a child care health consultant program by the Initiative under a Memorandum of Understanding with the Indiana State Department of Health focusing on health and safety issues in child care, increased*

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*immunization rates for 2 year olds, utilization of safe sleeping practices, and an increase in the number of children with medical homes and health insurance is supported by the Lead Agency.*

*Other quality activities that increase parental choice, and improve the availability of child care*

*The Lead Agency partners with the Indiana Child Care Fund, Inc.(ICCF), a non-profit organization that was created by Executive Order of the Governor to improve and expand quality child care through the development of public and private partnerships. A joint grant project to increase the capacity for non-traditional care for children through a competitive and focused matching grant program at the local level has been initiated. Grant funds are awarded to counties with community partnerships in place. Each grantee must demonstrate their ability to identify, fund, implement and sustain the proposed project to improve availability, affordability, and quality of care for children in their community who need non-traditional care.*

5.1.5 Is any entity identified in sections 5.1.1 or 5.1.4 a non-governmental entity?

( ) No.

(X ) Yes, the following entities named in this part are non-governmental:

Name: Indiana Child Care Fund, Inc.  
Indiana Association of Child Care Resource and Referrals  
Indiana Association for the Education of Young Children

Type : non-governmental/non-profit community organization

## **5.2 - Good Start, Grow Smart Planning and Development**

This section of the Plan relates to the President's *Good Start, Grow Smart* initiative which is envisioned as a Federal-State partnership that creates linkages between CCDF, including funds set-aside for quality, and State public and private efforts to promote early learning. In this section, each Lead Agency is asked to assess its State's progress toward developing voluntary guidelines on language, literacy, pre-reading, and numeracy, a plan for the education and training of child care providers, and a plan for coordination across at least four early childhood programs and funding streams.

### **5.2.1 - Voluntary Guidelines for Early Learning**

- Indicate which of the following best describes the current **status** of the State's efforts to develop research-based early learning guidelines (content standards) regarding language, literacy, pre-reading, and numeracy for three to five year-olds:
  - a) \_\_\_ Preliminary thinking or planning.
  - b) \_\_\_ Guidelines are being developed.
  - c) \_\_\_ Guidelines are developed but need to be modified.

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- d) X Guidelines are developed and implementation is in progress.  
e)      Guidelines are developed and implemented in pre-kindergarten programs but not in child care.  
f)      Guidelines are developed and implemented.  
g)      Other. Please describe:

*Guidelines for three to five year old children are developed. (See Attachment N) These guidelines are referred to as the Foundations for Young Children to the Indiana Academic Standards (hereafter referred to as the Foundations). A companion video covering the areas of reading, mathematics, and science is available through the Department of Education. A statewide dissemination and training plan for these guidelines has yet to be developed.*

- Describe the **process** that was used or is planned for developing the State's early learning guidelines. Indicate who or what entity provided (or is providing leadership) to the process as well as the stakeholders involved. Was (or is) the process framed by State legislation, research and/or guiding principles? If so, please describe. How are (or will) the early learning guidelines and the State's K-12 educational standards aligned? If they are not aligned, what steps will be taken to align them? If the early learning guidelines are in development, what is the expected date of completion?
- Leadership: *The Indiana Department of Education, Division of PrimeTime and Exceptional Learners staff provided leadership in the development of the "Foundations". The state will soon begin to work on birth to three foundations.*
- Stakeholders involved in the development of the Foundations: *Representatives of center child care, family child care, registered ministries, university child care, Pre-K services, Head Start, higher education, minority and migrant education, disabilities services, Even Start, Indiana Association for the Education of Young Children, Indiana State Teachers Association, and Indiana Partnership Center. Efforts were made to include all environments involving children three through five.*
- Research base: *The Foundations were developed by individuals with expertise in each of the specialized areas and based on the latest national research and findings for each content area. Research and other sources are referenced throughout the material. The conceptual framework and theory is based in developmentally appropriate practices.*
- Alignment: *The Foundations are aligned with the Indiana Academic Kindergarten Standards in order to reflect and to support the increasing research base related to brain development and how young children learn best. The foundations and the experiences are NOT inclusive but rather a guide that will assist the young learners in preparing for success. The Foundations were also developed to support teachers, parents and caregivers that work with the age group. The Foundations were intended to be a developmental aid for intentional learning not as a prescriptive check list of what a child "should" and "should not" be able to do.*

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- Describe the **domains** of development that the early learning guidelines address or are expected to address, e.g., social, emotional, cognitive, linguistic, and physical. States that have completed early learning guidelines should include a copy as an appendix to the plan. If the guidelines are available on the web, provide the appropriate Web site address.
  - *Domains: Social-emotional, physical, cognitive, communication/literacy and self-help. Communication/literacy encompasses reading; reading comprehension; literacy and analysis; writing process; writing application; listening and speaking. The Foundations respect the different levels of ability, development, and learning styles that are expected, accepted, and used to design appropriate experience. Recent research has extended understanding of how and when language is acquired and the critical importance of the early years.*
  - *Website: <http://ideanet.doe.state.in.us/primetime/foundations.html>*
  
- Describe the process the State used or expects to use in **implementing** its early learning guidelines, e.g., feedback and input processes, dissemination, piloting, training in the use of the guidelines, and linkages with other initiatives such as incentives for provider education and training. To what extent is (or was) implementation anticipated in the development of the guidelines? To which child care settings do (or will) the guidelines apply and are the guidelines voluntary or mandatory for each of these settings? How are (or will) community, cultural, linguistic and individual variations, as well as the diversity of child care settings (be) acknowledged in implementation?
  - *Recent activities:*
  - *The Indiana Foundations for Young Children Leadership Committee finished the Foundations in August of 2002. Implementation plans are being developed for use of these foundations in the early education and care arena. The Foundations can be downloaded from the Indiana Department of Education website (<http://ideanet.doe.state.in.us/primetime>).*
  - *To date over 1,300 hard copies of the Foundations have been distributed throughout the state and over 600 copies of the video.*
  - *The Department of Education conducted two training sessions for Special Preschool Education Program Early Childhood Administrators. Sessions of this type will continue in the future.*
  - *Implementation also began in March 2002 for the early education and care providers attending the Indiana Association for the Education of Young Children's Early Childhood Conference. Future conferences will provide additional awareness building and learning opportunities.*
  - *A number of higher education early education departments (e.g., IVY Technical College and University of Southern Indiana) have incorporated the Indiana Foundations into their post*

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*secondary early care and education curriculum. Ball State University's early care and education training provided to Head Start staff incorporates the Foundations in class syllabi.*

- *Training on the Foundations has been made available to the state DOE IDEA staff.*
  - *The annual Ball State University Early Childhood Conference has highlighted the Foundations and will continue that focus.*
- *The Indiana Family and Social Services Administration, Bureau of Child Development (hereafter referred to as the Bureau) will focus on creating awareness during the first year of the plan. During this year regulated early education and care providers and parents will be made aware of the Foundations via the following methods:*
- *The Foundations will be made available on multiple websites throughout the state; e.g., DOE, Family and Social Services, Indiana Head Start Association, Indiana Association for the Education of Young Children, Indiana State Department of Health. If the material cannot be posted on a website, electronic links will be formed with the Indiana Department of Education.*
  - *Those early education providers contracting with the Bureau will be made aware of the Foundations and the companion videos. Clauses will be inserted in the contracts encouraging these providers to describe how they currently or in the future will promote healthy development of young children either via the Foundations or other means.*
  - *Local Healthy Families Indiana staff, an initiative of the Bureau, will be provided information about the Foundations and will be requested to share parts of these materials with parents. The amount of information shared with parents will be based on the individual knowledge and abilities of the parents. The Healthy Families staff will gather feedback, input and evaluation on use of these materials via a follow-up survey.*
  - *The Indiana Early Intervention Program (First Steps) staff will promote awareness of the state's Foundations.*
  - *The Indiana Institute on Disability and Community - Early Childhood Center will make the Foundations available on their web site. They are also involved in creating awareness about the Foundations at their numerous professional development opportunities that serve early care and education professionals and parents.*
  - *The Bureau will work with staff of the Indiana Center for Family, School and Community Partnerships to encourage awareness and dispersal of information regarding the Foundation materials to parents of young children.*
  - *The Indiana-Head Start Partnership office will continue to promote increased awareness and understanding as well as distribute information to local Head Start programs regarding the Foundations. Copies of the companion videos will be made available through the office. The Partnership office will gather feedback, input and evaluation on use of these materials via a follow-up survey.*
  - *The Child Care Resource and Referral staff will be familiarized with the Foundations and will ensure that all those early care providers receiving training from the organization will be made aware of the materials and how most effectively to use them.*
  - *Consultants involved with the Maternal and Child Health Division's Healthy Child Care initiative will be knowledgeable of the Foundations and how they may be effectively applied in the local care setting either in centers or homes.*

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- *Efforts to explore screening of the Foundations companion videos on the Public Broadcasting System will be pursued.*
  - *In cooperation with the IDOE, IACCRR and the Indiana Association for the Education of Young Children (IAEYC), intense pre-conference sessions have been and will be presented at the annual IAEYC conference. This conference attracts over 3,000 early care and education providers.*
  - *The IAEYC will provide awareness training in each of the local eighteen IAEYC chapters throughout the state.*
  - *The IAEYC administers the T.E.A.C.H. Early Childhood ☐ INDIANA project. The T.E.A.C.H. Early Childhood ☐ INDIANA project currently serves over 3,100 recipients. IAEYC will provide information to each of the T.E.A.C.H. recipients regarding the Foundations*

*During the second year of this plan efforts will continue to increase a wider awareness of the Foundations and secure feedback on the techniques employed by those early education programs using the materials. Parents will also be solicited for comments. During this year, the state will explore how to further ensure effective utilization of the Foundations via provider/parent focus groups held throughout the state.*

- *Setting: While the Foundations can apply to a wide variety of child care settings during the next two years the focus will be on those settings that are regulated by the state, i.e., child care centers, family child care homes, registered ministries. Utilization will be voluntary.*
- *As applicable, describe the State's plan for **assessing** its early learning guidelines. What will be the focus of the evaluation, i.e., guideline development and implementation, programs or child care settings, and/or outcomes related to children? Will young children's progress be evaluated based on the guidelines? How will assessment be used to improve the State's guidelines, child care programs, plans and outcomes for individual children?*
- *Evaluation: Evaluations will focus on the success of the process for creating statewide early education provider awareness of the Foundations, on those child care programs that have opted to implement the use of the guidelines, and ensuring continued alignment with the K-12 educational standards which are evaluated every five years.*
- *Assessment: Young children's progress will not be evaluated, as the utilization of the guidelines is to be voluntary.*
  - Every five years the IDOE reviews the state standards. When that review next occurs, the Foundations will be assessed and as needed revised to ensure alignment with K-12 State standards. Feedback gathered through this plan would be provided to the IDOE as it prepares to consider effectiveness and alignment. Methods used to promote provider and parent awareness of these materials will be assessed and revised as needed.*
  - The Indiana Department of Education has a webbased assessment system (ICAN) I CAN is a web-based software system that manages individualized curriculum, assessment, and analysis*

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*through standards-based accountability. Designed by teachers, it is a tool for curriculum alignment, lesson design, authentic assessment, individualized record keeping, and aggregate data reporting. ICAN is freely available to educators as a public piece funded by the Indiana Department of Education. The Foundations have been incorporated into the system. The website is: [www.ICANtech.com](http://www.ICANtech.com)*

### **Section 5.2.2 - State Plans for Professional Development**

- Describe the provider training, technical assistance, and professional development opportunities that are available to child care providers. Are these opportunities available Statewide to all types of providers? If not, please describe.

*Indiana has numerous professional development opportunities for all individuals and entities involved in the early education and care of children. In 2001 the State legislature passed a bill requiring all licensed family care providers to obtain at a minimum the Child Development Associate Credential. This has acted as an impetus for increased activity in this arena.*

*The following is a brief listing of some of the many initiatives and activities occurring in the state:*

- *The Indiana Institute on Disability and Community at the Indiana University-Bloomington, Indiana maintains a statewide training calendar. This calendar is on a website for administrators, early care and education providers, early childhood special educators, early childhood and primary school teachers, early interventionists, family members, therapists, councils and communities. More than 30 local and statewide Indiana organizations post their training events on this calendar. The website is: <http://earlychildhoodmeetingplace.indiana.edu>*
- *T.E.A.C.H. (Teacher Education and Compensation Helps) Early Childhood® INDIANA; a comprehensive scholarship project that links credit based training, compensation and a commitment to stay employed in the field of early childhood to improving the quality of early childhood care and education experiences for young children and their families. The initiative is funded through CCDF and administered by the Indiana Association for the Education of Young Children.*

*In addition to the CCDF Quality funds, the Indiana-Head Start Partnership Project has provided support for Head Start staff to utilize the T.E.A.C.H. Early Childhood® INDIANA.*

*From June 1999 through May 2003, 61,504 children are benefiting from over 3,396 early childhood providers, working in 1,835 different early childhood settings, in 89 different counties, enhancing their professional development through T.E.A.C.H. Early Childhood® INDIANA scholarships.*



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- *The Indiana Association for the Education of Young Children recently has been contracted to assist early care providers to obtain a Child Development Associate Credential via a non-formal model. The process will include establishing conditions and contracting with community based organizations to provide CDA training, enlist involvement of higher education institutions, ensure that the resulting CDA credentials are transferable to higher education institutions, monitor the process, and align the Indiana Non-Formal CDA project to TEACH scholarships that pay for the national CDA assessment process of each participant.*
  - *School Age Credential – The Indiana School Age Consortium and the National School Age Care Alliance have been granted funding to develop and implement a statewide credential system for the care of school-age children with accompanying training for school-age professionals to be peer reviewers and/or trainers for the system.*
  - *Child Care Learning - On-line Learning - The Family and Social Services Administration and its partners came together to offer an opportunity to early care and education providers to receive the education components of the Child Development Associate (CDA) credential for college credit. The students can take the classes when it is convenient and when they have access to a computer. Child Care Learning provides an opportunity for early childhood professionals to serve as Mentors to students enrolled in on-line coursework.*

*Child Care Learning has been a collaborative partnership with the Family and Social Services Administration, Bureau of Child Development, ACCESS Indiana, Purdue University, Indiana Association for the Education of Young Children, Indiana Association of Child Care Resource and Referral, Indiana School Age Consortium, Indiana Head Start Partnership, St. Mary's College and the Indiana Community College – IVY Tech. Students enrolled in Child Care Learning are eligible for a T.E.A.C.H. Early Childhood® INDIANA scholarship. St. Mary's College and the Indiana Community College system offers articulation of the credit earned across a two-year/four-year systems..*

*The success of the On-line Learning pilot has been significant. More than one hundred students have chosen to receive the CDA curriculum via this channel. Responses from those students and mentors are very positive. For more information on this initiative:*

*[www.childcarelearning.IN.gov](http://www.childcarelearning.IN.gov)*

- *[www.childcarefinder.IN.gov](http://www.childcarefinder.IN.gov) is a state operated website that acts as a repository for the information relevant to the families looking for and evaluating child care services, providers learning to run a child care business or researching statutory requirement, and early education leaders researching initiatives, funding, regulations.*
- *The Indiana Association of Child Care Resource and Referral (IACCRR) has been active in professional development. Initiatives including:*
  - *providing orientation training for Family Child Care Providers. The initiative promotes mentors and trains legally licensed exempt family home care providers through the process of becoming state licensed. The training is provided, at no cost to attendees, throughout the*

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*state to more readily promote attendance. The training consists of two parts – the business aspect of early care and the specifics of the actual licensing process and procedures. A state developed manual ABCs of a Child Care Business (available in both English and Spanish) is used for the training. Over 50% of those attending the training become licensed.*

*- providing support, consultancy, and training to early care providers for integrating children with disabilities into their programs.*

- *The Indiana Association for the Education of Young Children is providing financial incentives for early education centers and family child care homes to become nationally accredited through the Indiana Accreditation Project. This action supports the CCDF reimbursement tiered policy put in place by the Bureau encouraging early care programs to become accredited.*
- *The Indiana Association for the Education of Young Children conducts the annual Indiana Early Childhood Conference. The annual attendance of early care and education providers is approximately 3,000.*
- *The Indiana Association for Infant and Toddler Mental Health-*
  - conducts an annual mental health conference open to all early care providers*
  - sponsors informal Infant-Toddler Mental Health Mentorship project round tables in the state. The round tables are conducted by mentors with experience in the field of mental health. Participants are persons working in the early care field with children birth to three. Twelve modules are used as the focus of the discussions.*
- *The Indiana State Department of Health, Division of Maternal and Child Health, the Bureau of Child Development and the Parent Information Network have partnered to provide Child Care Health Consultant training. The trained individuals will provide technical assistance to local early education and care providers.*
- *Healthy Families Indiana is a credentialed home visiting model serving all 92 state counties. The model requires 130 hours of training and has been provided for over 900 program staff. The Indiana School of Nursing under a contract coordinates the training with the Family and Social Services Administration. The underlying philosophy of the training is that training should model the relationship home visitors are expected to develop with their families. On going training builds upon mutual trust and respect among the staff as trainees and trainers.*
- *Department of Labor, Bureau of Apprenticeship and Training. This is a federally operated initiative. Child Care Development Specialist program – high school students may participate or child care providers.*
- *Organizations such as the Indiana Head Start Association; State Department of Education, Division of Exceptional Learners, Prime Time/Reading First, Title I, Child and Adult Food Program, Even Start, Vocational Education; Indiana Early Intervention-First Steps, higher education institutions, Cooperative Extension System all provide training for early education providers.*

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- Does the State have a child care provider professional development **plan**?

( ) Yes. Identify the entities involved in the development of the plan and whether the plan addresses all categories of providers. As applicable, describe: how the plan includes a continuum of training and education, including articulation from one type of training to the next; how the plan addresses training quality including processes for the approval of trainers and training curriculum; how the plan addresses early language, literacy, pre-reading, and numeracy development. Indicate whether the plan is linked to early learning guidelines and, if so, how.

( X ) No. Indicate whether steps are under way to develop a plan. If so, describe the time frames for completion and/or implementation, the steps anticipated, and how the plan is expected to support early language, literacy, pre-reading and numeracy.

*The Bureau plans to collaborate with the Indiana Maternal and Child Health grant (see Section 5.2-3) steering committee to establish a professional development subcommittee of the Early Care and Education committee. If that grant is not funded, the Bureau will itself establish a professional development planning body. This body will be made up of a cross section of key stakeholders involved in or with professional development. Bureau staff will be assigned to work with this sub-committee.*

*Until August of 2001, Indiana had the Indiana Professional Development System. The work completed by the individuals and the Indiana Professional Development System will be utilized to put together the Indiana Professional Development plan.*

*Some of the activities will involve:*

*-Research various professional development plans from other states and from within the state. Provide recommendations to the Bureau regarding best practices.*

*- Conduct an early care and education work force study to establish baseline data for this service in the state. During the first two years of the plan, State regulated providers will be the focus of professional development. A long range plan will be to focus on all State authorized providers.*

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- *Oversee an environmental assessment of the various early care and education funding sources, who is served, how are funds used and how these funds might be pulled together for greatest impact on professional development.*
  - *Consider state policies that will promote a professional development plan.*
  - *Recommend policies and practices that can be used to establish, evaluate and sustain such a plan. One such practice might be to require any organization and entity using CCDF funding to post all training on the previously mentioned [www.earlychildhoodmeetingplace.Indiana.edu](http://www.earlychildhoodmeetingplace.Indiana.edu) website and require all workshops to be evaluated by attendees.*
  - *Provide recommendations for evaluation and assessment of the plan.*
  - *Incorporate the recommendations into the Early Childhood Comprehensive System strategic plan.*
  - *Implement the strategic plan.*

- Are program or provider-level **incentives** offered to encourage provider training and education? If yes, please describe. Include any links between the incentives and training relating to early language, literacy, pre-reading, and numeracy.

Yes.

- *As a result of State legislation mandating licensed home providers to complete within three years of licensure a CDA, the Bureau of Child Development has significantly invested in the nationally recognized T.E.A.C.H. project (previously described). The CDA modules, while not specifically focusing on the elements of literacy, encourage developmentally appropriate activities in the classrooms.*
- *Effective October 2004 child care centers and family child care homes under direct contract with the State must be accredited.*
- *The State has established a tiered reimbursement system. The tiered system awards higher reimbursement rates to centers/homes obtaining a national accreditation.*
- *The CCDF Quality funds, administered by the Indiana Child Care Fund Board, provide grant opportunities for counties to utilize funding for professional development of those persons providing after school care and infant-toddler care. While funded training projects may not cover the providers of children three through five, they do enhance the level of early care and education in the communities.*

- What are the expected **outcomes** of the State's professional development plan and efforts to improve the skills of child care providers? As applicable, how does (or will) the State assess the effectiveness of its plan and efforts? If so, how does (or will) the State use assessment to help shape its professional development plan and training/education for child care providers?

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*Outcomes:*

- *The State will have work force data to evaluate current efforts and make recommendations for future research.*
- *There will be an increase in the numbers of providers working on CDA or Child Development Associate degrees.*
- *Tracking reports will document the number of CDA's obtained by family child care providers within three years of their receiving state licensure.*
- *There will be an increase in the number of centers and family child care homes that are accredited.*

*Assessment:*

- *The Bureau's [www.childcarefinder.IN.gov](http://www.childcarefinder.IN.gov) website will invite participants of CCDF funded workshops to provide evaluations and assessments of the professional development opportunities available in the state.*
- *The Healthy Child Care Indiana Initiative Child Care Provider Task Force is working with many identified trainers of early care and education providers to determine the best way to gather data about effective training modalities and trainers in an effort to better meet the expressed needs of early care and education professionals.*
- *Training funded with CCDF Quality dollars will be evaluated, results compiled and returned to the Bureau for review. Future funding will be impacted by the information.*
- *During the second year of the two year plan, the subcommittee will begin reviewing data gathered and provide further recommendations to the Bureau. These will be considered for the 2006 – 2007 plan.*

### **Section 5.2.3 - State Plan for Program Coordination**

- Does the State have a **plan** for coordination across early childhood programs?

( ) Yes.

Indicate whether there is an entity that is responsible for ensuring that such coordination occurs. Indicate the four or more early childhood programs and/or funding streams that are coordinated and describe the nature of the coordination.

( X ) No.

Indicate what steps are under way to develop a plan for coordination.

- *Early Childhood State Coordination Plan: There currently is no State official plan for the coordination across early childhood programs. However, the Indiana State Department of Health, Division of Maternal and Child Health has been in the process of developing such a*

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*plan in conjunction with a two year Early Childhood Comprehensive Systems (ECCS) planning grant proposal. The proposal was submitted to DHHS, Maternal and Child Health Bureau by March 28, 2003. This funding is available to 59 states, jurisdictions and territories. There is a very strong likelihood that the proposal will be funded. The anticipated date of the awards is July 1, 2003.*

*The goal of Indiana's ECCS grant is as follows:*

*Engage in a collaborative process involving participants representing relevant constituencies across the state in order to develop a coordinated, comprehensive, community-based system of services for young children. One stated outcome "a comprehensive plan, accurately reflecting priority outcomes for the coordinated early childhood system will be developed" involving children birth to five. Should this grant be funded, the Bureau of Child Development will play an active role in the achievement and support of this particular outcome.*

*Should the ECCS grant proposal not be funded, the Bureau of Child Development will adopt and modify, as needed, the model as designed in the proposal and proceed to implement key/relevant activities such as:*

- 1. Establish a steering committee reflecting diversity of Indiana stakeholders working with birth to five populations including parents of young children. This committee will establish vision, mission and values statements that will drive the planning and development process; and establish and provide guidance to needed sub-committees. This group will work in conjunction with the Indiana Education Roundtable Committee and the legislated Board for the Coordination of Child Care Regulation.*
- 2. Ensure utilization of effective modes of communication among committees and other interested parties through the current Bureau website and linkages with other existing state websites, utilize website to promote public participation and facilitate communication across all sub-committees.*
- 3. Utilize the information and infrastructure in Indiana by: determine the resources that can be contributed by the various early care and education entities operating in the state, identify the funding streams and actual funds coming into the State, collect existing needs assessments related to early care and education, conduct surveys to establish a baseline of information such as a state wide work/wage study, gather information via community dialogues to validate and/or supplement needs assessments, committee members attend relevant state and local scheduled meetings, and finally the steering committee will identify priorities that will form the basis of a strategic plan.*
- 4. Develop a strategic planning document based on input from the research conducted by the committee. Public review will be enlisted for the draft plan and when finalized, signed by the head of all relevant state agencies and organizations and the Governor.*

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- *Partnerships. At this time the State of Indiana does not have mandated kindergarten or universal preschool. However, at a minimum, representatives of the following entities will be recruited to serve on the planning committee:*
    - Department of Education- Title I, Primetime, Even Start
    - Bureau of Child Development – CCDF, First Steps, Healthy Families
    - Early Head Start and Head Start programs/Indiana Head Start Association
    - After school care
    - Indiana Association of Child Care Resource and Referral Agency
    - Indiana Department of Health, Maternal and Child Health Division
    - Indiana Association for the Education of Young Children
  - Describe the **results** or expected results of this coordination. Discuss how these results relate to the development and implementation of the State's early learning guidelines, plans for professional development, and outcomes for children.

*The following results will be pursued in the event the Maternal and Child Health proposal is rejected:*

- *Increased inter- and intra-agency communications facilitating more effective information distribution and promotion of greater alignment of policies, practices and activities, thus reducing potential redundancy. This increased and on- going level of communication will assist in the promotion, distribution and potential utilization of the early learning guidelines. The conducting of surveys and gathering of needs assessments will enable the committee to identify key issues related to professional development and develop a more integrated system.*
- *The numbers of children receiving regulated child care will be maintained. The eligibility for subsidized child care has been increasingly restricted and in some cases reduced. Therefore, maintaining a number of child care slots through various modes of partnerships and coordination will be critical as support to TANF and working poor families.*
- *The various State governmental agencies involved with early care and education will agree to and develop consistent messages for those organizations and individuals in the field, providing direct services to children and families. Local regulated early care providers are often confused by the numerous and sometimes conflicting statements made by regulating organizations.*
- *An increased number of regulated early care providers will become aware of the Foundations. Those that choose to utilize the Foundations can provide feedback as to the utility of these materials.*
- *More regulated early education providers will incorporate more intentional and developmentally appropriate activities into their daily plans.*
- *The committee will provide recommendations to State agencies regarding needed legislative early care and education systems changes.*

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- Describe how the State's plan supports or will support continued coordination among the programs. Are changes anticipated in the plan?  
*The establishment of a permanent early care and education coordinating body, with legislative support, will provide a substantial foundation for the continued coordination among programs. A long-range strategic plan will additionally provide a building block for coordination.*

**PART 6 - HEALTH AND SAFETY REQUIREMENTS FOR PROVIDERS**

(ONLY THE 50 STATES AND THE DISTRICT OF COLUMBIA COMPLETE PART 6.  
ONLY TERRITORIES COMPLETE PART 7.)

The National Resource Center for Health and Safety in Child Care (NRCHSCC) of DHHS's Maternal and Child Health Bureau supports a comprehensive, current, on-line listing of the licensing and regulatory requirements for child care in the 50 States and the District of Columbia. In lieu of requiring a State Lead Agency to provide information that is already publicly available, ACF accepts this compilation as accurately reflecting the States' licensing requirements. The listing, which is maintained by the University of Colorado Health Sciences Center School of Nursing, is available on the World Wide Web at: <http://nrc.uchsc.edu/>

**Section 6.1 - Health and Safety Requirements for Center-Based Providers** (658E(c)(2)(F), §§98.41, §98.16(j))

- 6.1.1 Are all center-based providers paid with CCDF funds subject to licensing under State law that is indicated in the NRCHSCC's compilation? If:
- ( ) YES, answer 6.1.2 and proceed to 6.2.  
(X) NO, answer 6.1.2 and 6.1.3.
- 6.1.2 Have center licensing requirements as relates to staff-child ratios, group size, or staff training been modified since approval of the last State Plan? (§98.41(a)(2) & (3))
- (X) NO  
( ) YES, and the changes are as follows:
- 6.1.3 For center-based care that is NOT licensed, and therefore not reflected in NRCHSCC's compilation, the following health and safety requirements apply to



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child care services provided under the CCDF for:

- The prevention and control of infectious disease (including age-appropriate immunizations)
  1. *Each child must have age appropriate immunizations including Varicella and Pneumococcal vaccines. A medical exempt statement from a physician or a religious belief exemption statement from the parent is also permissible.*
  2. *A provider shall have annual intradermal tuberculosis test and result. If medical exempt there must be an annual chest x-ray or a MD statement "free of TB symptoms"*
  
- Building and physical premises safety
  1. *A residential building shall have working smoke detectors on each level, top of each stairway and adjacent to each sleeping area, or as required by fire and building codes..*
  2. *Must have a 2 1/2 lb. or greater ABC multiple purpose fire extinguisher on each floor and in the kitchen with valid expiration date.*
  3. *Facility must have two exits on different sides of the building. Exits do not go through a garage or storage area where hazardous materials are stored, are not blocked, and are not windows. Exits are operable from the inside in a one step process (no key or special knowledge required).*
  4. *Each childcare facility shall have an approved source of running water from a sink that is in an area where childcare is provided.*
  5. *Each provider shall have a working telephone in each facility accessible to any staff member.*
  6. *Each provider shall have the following items inaccessible to children: fire arms, ammunition, poisons, chemicals, bleach, and cleaning materials.*
  
- Health and safety training
  1. *Each provider shall have monthly documented fire drills including date/time/weather conditions/name of person conducting drill/full evacuation time and maintained for previous 12 months.*
  2. *Each childcare provider shall have annual certification in Child and Infant CPR and First Aid.*

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**Section 6.2 - Health and Safety Requirements for Group Home Providers** (658E(c)(2)(F), §§98.41, 98.16(j))

6.2.1 Are all group home providers paid with CCDF funds subject to licensing under State law that is indicated in the NRCHSCC's compilation? If:

( ) YES, answer 6.2.2 and proceed to 6.3.

(X) NO, answer 6.2.2 and 6.2.3.

6.2.2 Have group home licensing requirements that relate to staff-child ratios, group size, or staff training been modified since the approval of the last State Plan?  
(§98.41(a)(2) & (3))

(X) NO

( ) YES, and the changes are as follows:

*Group home care is not an available category of care in the state.*

6.2.3 For group home care that is NOT licensed, and therefore not reflected in NRCHSCC's compilation, the following health and safety requirements apply to child care services provided under the CCDF for:

- The prevention and control of infectious disease (including age-appropriate immunizations)

*Group home care is not an available category of care in the state.*

- Building and physical premises safety

- Health and safety training

**Section 6.3 - Health and Safety Requirements for Family Providers** (658E(c)(2)(F), §§98.41, 98.16(j))

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6.3.1 Are all family child care providers paid with CCDF funds subject to licensing under State law that is indicated in the NRCHSCC's compilation? If:

- ( ) YES, answer 6.3.2 and proceed to 6.4.  
(X) NO, answer 6.3.2 and 6.3.3.

6.3.2 Have family child care provider requirements that relate to staff-child ratios, group size, or staff training been modified since the approval of the last State Plan?  
(§98.41(a)(2) & (3))

- (X) NO  
( ) YES, and the changes are as follows:

6.3.3 For family care that is NOT licensed, and therefore not reflected in NRCHSCC's compilation, the following health and safety requirements apply to child care services provided under the CCDF for:

- The prevention and control of infectious disease (including age-appropriate immunizations)
  1. *Each child must have age appropriate immunizations including Varicella and Pneumococcal vaccines. A medical exempt statement from a physician or a religious belief exemption statement from the parent is also permissible.*
  2. *A provider shall have annual intradermal tuberculosis test and result. If medical exempt there must be an annual chest x-ray or a MD statement "free of TB symptoms".*
  
- Building and physical premises safety
  1. *A residential building shall have working smoke detectors on each level, top of each stairway and adjacent to each sleeping area.*
  2. *Must have a 2 1/2 lb. or greater ABC multiple purpose fire extinguisher on each floor and in the kitchen with valid expiration date.*
  3. *Facility must have two exits on different sides of the building. Exits do not go through a garage or storage area where hazardous materials are stored, are not blocked, and are not windows. Exits are operable from the inside in a one step process (no key or special knowledge required).*

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4. *Each childcare facility shall have an approved source of running water from a sink that is in an area where childcare is provided.*
  5. *Each provider shall have a working telephone in each facility accessible to any staff member.*
  6. *Each provider shall have the following items inaccessible to children: fire arms, ammunition, poisons, chemicals, bleach, and cleaning materials.*

- Health and safety training

1. *Each provider shall have monthly documented fire drills including date/time/weather conditions/ name of person conducting drill/full evacuation time and maintained for previous 12 months.*
2. *Each childcare provider shall have annual certification in Child and Infant CPR and First Aid.*

**Section 6.4 - Health and Safety Requirements for In-Home Providers** (658E(c)(2)(F), §§98.41, 98.16(j))

6.4.1 Are all in-home child care providers paid with CCDF funds subject to licensing under the State law reflected in the NRCHSCC's compilation referenced above? If:  
( ) YES, answer 6.4.2 and proceed to 6.5.  
(X) NO, answer 6.4.2 and 6.4.3.

6.4.2 Have in-home health and safety requirements that relate to staff-child ratios, group size, or training been modified since the approval of the last State Plan?  
(§98.41(a)(2) & (3))

(X) NO  
( ) YES, and the changes are as follows:

6.4.3 For in-home care that is NOT licensed, and therefore not reflected in NRCHSCC's compilation, the following health and safety requirements apply to child care services provided under the CCDF for:

- The prevention and control of infectious disease (including age-appropriate immunizations)

- 
1. *Each child must have age appropriate immunizations including Varicella and Pneumococcal vaccines. A medical exempt statement from a physician or a religious belief exemption statement from the parent is also permissible.*
  2. *A provider shall have annual intradermal tuberculosis test and result. If medical exempt there must be an annual chest x-ray or a MD statement "free of TB symptoms".*

- Building and physical premises safety

1. *A residential building shall have working smoke detectors on each level, top of each stairway and adjacent to each sleeping area.*
2. *Must have a 2 1/2 lb. or greater ABC multiple purpose fire extinguisher on each floor and in the kitchen with valid expiration date.*
3. *Facility must have two exits on different sides of the building. Exits do not go through a garage or storage area where hazardous materials are stored, are not blocked, and are not windows. Exits are operable from the inside in a one step process (no key or special knowledge required).*
4. *Each childcare facility shall have an approved source of running water from a sink that is in an area where childcare is provided.*
5. *Each provider shall have a working telephone in each facility accessible to any staff member.*
6. *Each provider shall have the following items inaccessible to children: fire arms, ammunition, poisons, chemicals, bleach, and cleaning materials.*

- Health and safety training

1. *Each provider shall have monthly documented fire drills including date/time/weather conditions/ name of person conducting drill/full evacuation time and maintained for previous 12 months.*
2. *Each childcare provider shall have annual certification in Child and Infant CPR and First Aid.*

### **Section 6.5 - Exemptions to Health and Safety Requirements**

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At Lead Agency option, the following relatives: grandparents, great grandparents, aunts, uncles, or siblings (who live in a separate residence from the child in care) may be exempted from health and safety requirements (658P(4)(B), §98.41(a)(1)(ii)(A)). Indicate the Lead Agency's policy regarding these relative providers:

- (X) All relative providers are subject to the same requirements as described in sections 6.1 - 6.4 above, as appropriate; there are no exemptions for relatives or different requirements for them.
- ( ) All relative providers are exempt from all health and safety requirements.
- ( ) Some or all relative providers are subject to different health and safety requirements from those described in sections 6.1 - 6.4. The following describes those requirements and identifies the relatives they apply to:

**Section 6.6 - Enforcement of Health and Safety Requirements**

Each Lead Agency is required to certify that procedures are in effect to ensure that child care providers of services for which assistance is provided comply with all applicable health and safety requirements. (658E(c)(2)(E), §§98.40(a)(2), 98.41(d)) The following is a description of how health and safety requirements are effectively enforced:

- Are child care providers subject to routine unannounced visits (i.e., not specifically for the purpose of complaint investigation or issuance/renewal of a license)?

( ) No

(X) Yes, and the following indicates the providers subject to routine unannounced visits and the frequency of those visits.

1. *Licensed Centers- Annually by health, licensing and fire marshal staff.*
2. *Licensed Homes –Annually by licensing staff.*
3. *Registered Ministries-Quarterly by health, and annually by fire marshal staff.*

- Are child care providers subject to background checks?

( ) No

(X) Yes, and the following types of providers are subject to background checks (indicate when such checks are conducted):

*All providers at time of application for licensure, registration or application for CCDF program; and for all employees at time of hire the following background checks are required:*

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1. *Statewide limited Criminal History check, and*
  2. *State Central Registry check for Child Abuse.*

- Does the State require that child care providers report serious injuries that occur while a child is in care? ( Serious injuries are defined as injuries requiring medical treatment by a doctor, nurse, dentist, or other medical professional.)
  - (X) No
  - ( ) Yes, and the following describes the State's reporting requirements and how such injuries are tracked (if applicable).

- Other methods used to ensure that health and safety requirements are effectively enforced:

1. *Complaint investigation.*
2. *Re-inspection of serious violations.*
3. *Require the submission of missing documentation to verify compliance correction.*
4. *Issuance of a probationary license*
5. *De-certification of eligibility as a CCDF provider.*
6. *Revoking, suspending, or denying a license or registration if a provider is found non-compliant with the laws or regulations regarding their operation.*
7. *Pursue legal action for injunction relief to stop the operation of a provider.*
8. *Seek civil penalty through Civil Court action.*

### **Section 6.7 – Exemptions from Immunization Requirements**

The State assures that children receiving services under the CCDF are age-appropriately immunized, and that the health and safety provisions regarding immunizations incorporate (by reference or otherwise) the latest recommendations for childhood immunizations of the State public health agency. (§98.41(a)(1))

The State exempts the following children from immunization (check all that apply):

- \_\_\_ Children who are cared for by relatives (defined as grandparents, great grandparents, siblings (if living in a separate residence), aunts and uncles).
- \_\_\_ Children who receive care in their own homes.
- X Children whose parents object to immunization on religious grounds.
- X Children whose medical condition contraindicates immunization.

## **PART 7 - HEALTH AND SAFETY REQUIREMENTS IN THE TERRITORIES**

### **Section 7.1 - Health and Safety Requirements for Center-Based Providers in the Territories** (658E(c)(2)(F), §98.41(a), §98.16(j))

For all center-based care, the following health and safety requirements apply to child care services provided under the CCDF for:

- The prevention and control of infectious disease (including age-appropriate immunizations)
- Building and physical premises safety
- Health and safety training

### **Section 7.2 - Health and Safety Requirements for Group Home Providers in the Territories** (658E(c)(2)(F), §98.41(a), §98.16(j))

For all group home care, the following health and safety requirements apply to child care services provided under the CCDF for:

- The prevention and control of infectious disease (including age-appropriate immunizations)
- Building and physical premises safety



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- Health and safety training

**Section 7.3 - Health and Safety Requirements for Family Providers in the Territories**  
(658E(c)(2)(F), §98.41(a), §98.16(j))

For all family child care, the following health and safety requirements apply to child care services provided under the CCDF for:

- The prevention and control of infectious disease (including age-appropriate immunizations)
- Building and physical premises safety
- Health and safety training

**Section 7.4 - Health and Safety Requirements for In-Home Providers in the Territories**  
(658E(c)(2)(F), §98.41(a), §98.16(j))

For all in-home care, the following health and safety requirements apply to child care services provided under the CCDF for:

- The prevention and control of infectious disease (including age-appropriate immunizations)
- Building and physical premises safety

- Health and safety training

### **Section 7.5 - Exemptions to Territorial Health and Safety Requirements**

At Lead Agency option, the following relatives may be exempted from health and safety requirements: grandparents, great grandparents, aunts, uncles, or siblings (who live in a separate residence from the child in care). (658P(4)(B), §98.41(a)(1)(ii)(A)). Indicate the Lead Agency's policy regarding these relative providers:

- ( ) All relative providers are subject to the same requirements as described in sections 7.1 - 7.4 above, as appropriate; there are no exemptions for relatives or different requirements for them.
- ( ) All relative providers are exempt from all health and safety requirements.
- ( ) Some or all relative providers are subject to different health and safety requirements from those described in sections 7.1 - 7.4 and the following describes those different requirements and the relatives they apply to:

### **Section 7.6 - Enforcement of Health and Safety Requirements**

Each Lead Agency is required to certify that procedures are in effect to ensure that child care providers of services for which assistance is provided comply with all applicable health and safety requirements. (658E(c)(2)(E), §§98.40(a)(2), 98.41(d)) The following is a description of how Territorial health and safety requirements are effectively enforced:

- Are child care providers subject to routine unannounced visits (i.e., not specifically for the purpose of complaint investigation or issuance/renewal of a license)?
  - ( ) No
  - ( ) Yes, and the following indicates the providers subject to routine unannounced visits and the frequency of those visits.

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- Are child care providers subject to background checks?
  - ☐ No
  - ☐ Yes, and the following types of providers are subject to background checks (indicate when such checks are conducted):
  
- Does the Territory require that child care providers report serious injuries that occur while a child is in care? ( Serious injuries are defined as injuries requiring medical treatment by a doctor, nurse, dentist, or other medical professional.)
  - ☐ No
  - ☐ Yes, and the following describes the Territory's reporting requirements and how such injuries are tracked (if applicable).
  
- Other methods used to ensure that health and safety requirements are effectively enforced:

**Section 7.7 – Exemptions from Immunization Requirements**

The Territory assures that children receiving services under the CCDF are age-appropriately immunized, and that the health and safety provisions regarding immunizations incorporate (by reference or otherwise) the latest recommendations for childhood immunizations of the Territorial public health agency. (§98.41(a)(1))

The Territory exempts the following children from immunization (check all that apply):

- \_\_\_\_\_ Children who are cared for by relatives (defined as grandparents, great grandparents, siblings (if living in a separate residence), aunts and uncles).
- \_\_\_\_\_ Children who receive care in their own homes.
- \_\_\_\_\_ Children whose parents object to immunization on religious grounds.
- \_\_\_\_\_ Children whose medical condition contraindicates immunization.

## STATE PLAN FOR

### CHILD CARE & DEVELOPMENT FUND SERVICES

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#### **APPENDIX 1 -- PROGRAM ASSURANCES AND CERTIFICATIONS**

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The Lead Agency, named in Part 1 of this Plan, assures that:

- (1) upon approval, it will have in effect a program that complies with the provisions of the Plan printed herein, and is administered in accordance with the Child Care and Development Block Grant Act of 1990 as amended, Section 418 of the Social Security Act, and all other applicable Federal laws and regulations. (658D(b), 658E(a))
- (2) the parent(s) of each eligible child within the State who receives or is offered child care services for which financial assistance is provided is given the option either to enroll such child with a child care provider that has a grant or contract for the provision of the service; or to receive a child care certificate. (658E(c)(2)(A)(i))
- (3) in cases in which the parent(s) elects to enroll the child with a provider that has a grant or contract with the Lead Agency, the child will be enrolled with the eligible provider selected by the parent to the maximum extent practicable. (658E(c)(2)(A)(ii))
- (4) the child care certificate offered to parents shall be of a value commensurate with the subsidy value of child care services provided under a grant or contract. (658E(c)(2)(A)(iii))
- (5) with respect to State and local regulatory requirements, health and safety requirements, payment rates, and registration requirements, State or local rules, procedures or other requirements promulgated for the purpose of the Child Care and Development Fund will not significantly restrict parental choice among categories of care or types of providers. (658E(c)(2)(A), §98.15(p), §98.30(g), §98.40(b)(2), §98.41(b), §98.43(c), §98.45(d))
- (6) that children receiving services under the CCDF are age-appropriately immunized, and that the health and safety provisions regarding immunizations incorporate (by reference or otherwise) the latest recommendation for childhood immunizations of the State public health agency. (§98.41(a)(1))
- (7) that CCDF Discretionary funds are used to supplement, not supplant, State general revenue funds for child care assistance for low-income families. (P.L. 106-554)

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The Lead Agency also certifies that:

- (1) it has procedures in place to ensure that providers of child care services for which assistance is provided under the Child Care and Development Fund afford parents unlimited access to their children and to the providers caring for their children during the normal hours of operations and whenever such children are in the care of such providers. (658E(c)(2)(B))
- (2) it maintains a record of substantiated parental complaints and makes information regarding such complaints available to the public on request. (658E(c)(2)(C))
- (3) it will collect and disseminate to parents of eligible children and the general public, consumer education information that will promote informed child care choices. (658E(c)(2)(D))
- (4) it has in effect licensing requirements applicable to child care services provided in the State. (658E(c)(2)(E))
- (5) there are in effect within the State (or other area served by the Lead Agency), under State or local law, requirements designed to protect the health and safety of children; these requirements are applicable to child care providers that provide services for which assistance is made available under the Child Care and Development Fund. (658E(c)(2)(E))
- (6) procedures are in effect to ensure that child care providers of services for which assistance is provided under the Child Care and Development Fund comply with all applicable State or local health and safety requirements. (658E(c)(2)(G))
- (7) payment rates under the Child Care and Development Fund for the provision of child care services are sufficient to ensure equal access for eligible children to comparable child care services in the State or sub-State area that are provided to children whose parents are not eligible to receive assistance under this program or under any other Federal or State child care assistance programs. (658E(c)(4)(A))

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#### **APPENDIX 2 - ELIGIBILITY AND PRIORITY TERMINOLOGY:**

For purposes of determining eligibility and priority for CCDF-funded child care services, lead agencies must define the following *italicized* terms. (658P, 658E(c)(3)(B))

- (1) *job training and educational program -*  
*A formal progression of activities designed to lead to specifically defined educational goals or readiness for a specific field of employment and provided by an institution licensed or accredited by the State for this purpose. Child care subsidies may be paid for children when their parents are participating in education and training activities. These activities must take place outside of the home.*
- (2) *attending* (a job training or educational program; include minimum hours if applicable) -
  - *Job Readiness,*
  - *Community Work Experience (CWEP),*
  - *Post-Secondary Education,*
  - *Vocational and Educational Training and Academic Training,*
  - *Adult Basic Education (ABE),*
  - *English as a Second Language (ESL), and*
  - *General Education Degree (GED).*
- (3) *in loco parentis -*
  - *Job Readiness,*
  - *Community Work Experience (CWEP),*
  - *Post-Secondary Education,*
  - *Vocational and Educational Training and Academic Training,*
  - *Adult Basic Education (ABE),*
  - *English as a Second Language (ESL), and*
  - *General Education Degree (GED).*
- (4) *physical or mental incapacity* (if the Lead Agency provides such services to children age 13 and older) -  
*One is “attending” job training or an educational program when participation occurs outside of the home for a job training or educational program.*
- (5) *protective services -*  
*The definition of parent is a person related to the eligible child by blood, marriage, or adoption and including a legal guardian or other person standing in loco parentis (in the place of a parent). In order to apply for CCDF child care, the applicant must have physical custody of the child for whom services are being requested. The applicant must be age eighteen (18) or over unless the applicant is married, an emancipated minor, or a teenage parent.*
- (6) *residing with -*

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*Children ages 13 through 18 for whom child care is requested due to physical or mental incapacity must meet the definition of special needs as documented by enrollment in one or more of the following programs or services:*

- *Children with special health care services;*
- *Public school special education; or*
- *Supplemental Security Income (SSI).*

(7) *special needs child -*

*Families with children who receive or need to receive child protective services as verified by the Local OFC can be eligible for CCDF child care services provided the CPS caseworker indicates the family needs child care out of the child's home. The service and financial need requirements are waived for children who have been referred by their CPS caseworker as needing out of home care as part of the CPS case plan. A child who has been placed into another home is not eligible for this exception. This is for children who have not been removed from their own home but need outside care as identified by the caseworker.*

(8) *very low income -*

*Families are eligible for child care subsidies when the applicant is the parent of a child who resides with them and the child is under the age of 13 (or through age 18 in cases of special needs)*

(9) *working (include minimum hours if applicable) -*

*Documentation of a child with special needs must be made by evidence of enrollment in one or more of the following programs or services:*

- *Children with Special Health Care Services;*
- *First Steps Early Intervention System;*
- *Public School Special Education;*
- *Supplemental Security Income (SSI); or*
- *Head Start (those professionally diagnosed children with disabilities).*

(10) *Additional terminology related to conditions of eligibility or priority established by the Lead Agency:*

*Documentation of a child with special needs must be made by evidence of enrollment in one or more of the following programs or services:*

- *Children with Special Health Care Services;*
- *First Steps Early Intervention System;*
- *Public School Special Education;*
- *Supplemental Security Income (SSI); or*
- *Head Start (those professionally diagnosed children with disabilities).*